



Scott Walker, Governor
Dave Ross, Secretary

Boxing OR Mixed Martial Arts Referee License

Your application will not be processed or will be delayed unless you:

- [] 1. Complete the application information section on the first page. You must complete all sections including your social security #.
- [] 2. Complete the certification of legal status section on this application.
- [] 3. Complete the qualifications section on this application by attaching all documents requested.
- [] 4. Read and sign the affidavit of applicant.
- [] 5. Attach the \$15 credential fee, Make checks payable to: State of WI – DSPS, to this application and mail to the address listed on the first page.
- [] 6. Complete and attach the medical examination report at the end of this application.

Note: The Department may request additional information necessary to determine an applicant's eligibility for a license, such as additional medical reports, training, personal interviews and observation of training.

1. Applicant Information (Print in ink or type)

Check credential type you are applying for (Check one):			
<input type="checkbox"/> Amateur or Professional Mixed Martial Arts Referee (268)		<input type="checkbox"/> Professional Boxing Referee (275)	
Applicant's Social Security #:		Applicant's Date of Birth:	
Applicant's Name (First, Middle and Last):			
Street Address or PO Box:			
City		State	Zip Code
		Country, If Other Than United States:	
Telephone Number (Including area code)		Fax Number (Including area code):	
E-mail Address:			
<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. State § 440.14).			
Have you ever held a referee license in the State of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the number: _____			
Note: A person who applies for a referee license must be at least 18 years old.			

The department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program and to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes.

Send application and payment to: Wisconsin Department of Safety and Professional Services, Attention Adam L Burkhalter, P.O. Box 8935 Madison, WI 53708-8935.

Overnight mail delivery and Office location: Wisconsin Department of Safety and Professional Services, Attention Adam L Burkhalter, 1400 East Washington Ave, Madison, WI 53703

All other correspondence:

Phone: 608-261-8503, **TTY: Contact through Relay**, Fax: 608-223-6532, online: <http://dsps.wi.gov> or by email: dspscombativesports@wisconsin.gov

For Receipting Use Only

2. Certification of Legal Status:

I declare under penalty of law that I am (Check one):

- ☐ a citizen or national of the United States, or
- ☐ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

3. Qualifications (Attach required documents for the license you are applying for):

An applicant for Mixed Martial Arts Referee License must submit all of the following:

- 1) Medical examination report attached to this application.
- 2) Certificate of completion of a referee training program from another state, other regulating bodies such as the Association of Boxing Commission (ABC) and other organizations that have a referee's training program certified by the Association of Boxing and Commission (ABC).
- 3) Resume with 3 professional references that can verify the number of years of experience as an amateur or professional referee along with a log of experience.
- 4) Valid and current license as a referee from another state or organization that regulates the sport of mixed martial arts.
- 5) Successful completion of trial referee program administered and supervised by the commissioner, inspector or Department representative consisting of:
 - a. Observation of mixed martial arts events.
 - b. Shadowing a licensed referee at mixed martial arts events.
 - c. Officiating on a trial basis as a referee during a mixed martial arts event under the supervision of the commissioner, inspector, or Department representative.

Note: If you are not a licensed referee from another state or organization, you must obtain a passing grade on an examination administered by the Department designed to test the applicant's knowledge of mixed martial arts. An additional exam fee of \$75 will be required to take the examination. Please contact the Department Exam Office at 608-267-9362 for more information.

An applicant for Boxing Referee License must submit all of the following:

- 1) Medical examination report attached to this application.
- 2) Association of Boxing and Commission (ABC) certification of completion of referee's training.

4. Affidavit of Applicant

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Applicant's Signature

Date (mo/day/yr)

5. Credential (nonrefundable): \$15.00

Make checks payable to: State of WI - DSPS. The credential will be effective for 1 year from the date of issuance. A new application must be submitted to renew the license.

6. Referee Medical Examination Report:

Your physician should complete this form in its entirety. This completed form must be submitted with the application.

Name:	Birth date:
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For all referee's (Please answer all of the following)

1. Any illness or injuries since last examination or within last 5 years? ☐ Yes ☐ No
2. Has this patient ever had severe headaches, fainting spells, or dizziness? ☐ Yes ☐ No
3. List any physical condition or past illness which might affect this patient's ability to perform the job.
(Attach separate sheet)

Vitals	Result	Description	
Pulse			
Temp			
Weight			
Height			
Blood Pressure			
Eyes	Right	Left	Description
Distant Vision	20/	20/	
Light Reflex	Normal or Abnormal	Normal or Abnormal	
Accommodation Reflex	Normal or Abnormal	Normal or Abnormal	
Fundi	Normal or Abnormal	Normal or Abnormal	
Cataracts	Normal or Abnormal	Normal or Abnormal	
Tendon Reflexes	Right	Left	Description
Knee Jerk	Normal or Abnormal	Normal or Abnormal	
Babinski	Normal or Abnormal	Normal or Abnormal	
Rhomberg	Normal or Abnormal		
Finger to Nose	Normal or Abnormal		
Upper Extremities	Description		
Hands	Normal or Abnormal		
Wrist	Normal or Abnormal		
Elbows	Normal or Abnormal		
Shoulder Girdle	Normal or Abnormal		
Misc	Description		
Lower Extremities	Normal or Abnormal		
Mouth and Pharynx	Normal or Abnormal		
Adenopathy	Normal or Abnormal		
Lungs	Normal or Abnormal		
Heart	Normal or Abnormal		
Abdominal Palpation	Normal or Abnormal		
Testis	Normal or Abnormal		
Hernias	Normal or Abnormal		
Boils, Herpes, Impetigo	Yes or No		
Blood	Description		
HIV	Yes or No		
Hepatitis B PCR	Yes or No		
Hepatitis C	Yes or No		

Physician Information:

Examiner Name (Printed): _____ Title (M.D., D.O., P.A.) & Lic #: _____

Address: _____ Phone: _____

Date of Exam: _____ Examiner Signature: _____